

## Packsac Smiles Organization

Volunteer Interest Form

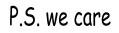
Name:	
Address:	
Home Phone:	Cell Phone:
Email address:	
How did you hear about Packsac Smile	s Organization?
Which specific functions would you be interested in performing? Please check all that apply. (Each volunteer will only participate in one volunteer function per year).	<ul> <li>Shopping for the children ~ June/July</li> <li>Drop off night (1st check of backpacks) ~ July</li> <li>Quality Control (2nd check of backpacks) ~ Aug</li> <li>Delivery of backpacks to children ~ Aug</li> </ul>
Suggestions Please feel welcome to make any suggestions you feel will help the organization and it's efforts.	

By signing below you agree that **Packsac Smiles Organization** can retain the information provided in a confidential file. The board members and volunteers of the organization may use the information periodically to send you information about volunteer positions available and to confirm your interest in participating.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your ongoing support and dedication to the Packsac Smiles Organization



## P.O. Box 893, North Bay, Ontario P1B 8K1